

ATTACHMENT I

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR OCTOBER 1999

FOR OUTFALLS NO. 001 - 010

Brookhaven National Laboratory
SPDES Permit No. NY0005835
Discharge Monitoring Report for October 1999
Discharge Monitoring Report Notes:

1. The reported concentration is estimated at less than the method detection limit but greater than the instrument detection limit.
2. Since flow records are maintained on a weekly or monthly basis, the flow rate provided is the daily average.
3. There was no discharge from Outfalls 002A, 002B and 007 during this reporting period.
4. Flow is estimated based upon an instantaneous flow measurement and the assumption that flow continued for the entire day (i.e., 1,440 minutes).

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME 115 9 J F
ADDRESS 100 KINGSLEY NATIONAL LABORATORY
LOCATION E. 45TH AVE., BLK. 454
ATTN: GEORGE MALLIN, Director

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

| | |
|---------------|------------------|
| 110005315 | 011 M |
| PERMIT NUMBER | DISCHARGE NUMBER |

FACILITY 2 PARK AVENUE NATIONAL LABORATORY

LOCATION NY 11073
ATTN: GEORGE MALLIN, Director

MAJOR PROCESSES SANIT & STORMWTR RNJFF

F - FINAL
NOTE: Read Instructions before completing this form.

| PARAMETER | MONITORING PERIOD | | | QUANTITY OR CONCENTRATION (54-61) | MAXIMUM (4 Card Only) (38-45) | MINIMUM (46-53) | AVERAGE | UNITS | UNITS | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAM TY | | | | |
|--|--|----------|-----------|-----------------------------------|-------------------------------|-----------------|---------|-------|-------|----------------|-------------------------------|---|-----------------|-------------|----------------|-----------------|
| | YEAR (20-21) | MO 10 | DAY 01 | | | | | | | | | | YEAR (22-23) | MO 09 | DAY (24-25) | YEAR (26-27) |
| EQUALIZATION, MAT 0001 0 0 0 | SAMPLE MEASUREMENT PERMIT REQUIREMENT | * | * | *** | *** | *** | *** | * | * | 72 | (15) | 0 | 5/7 | Gra | | |
| EQUALIZATION, MAT 0001 0 0 0 | SAMPLE MEASUREMENT PERMIT REQUIREMENT | * | * | *** | *** | *** | *** | * | * | DAILY MX | DEG.F | (19) | 0 | 2/Mo | 24H | |
| EFFLUENT CONC. VALUE 00400 1 0 0 | SAMPLE MEASUREMENT PERMIT REQUIREMENT | * | * | *** | *** | *** | *** | * | * | < 2 | | (12) | 0 | ONCE/ MONTH | COMF | |
| EFFLUENT CONC. VALUE 00400 1 0 0 | SAMPLE MEASUREMENT PERMIT REQUIREMENT | * | * | *** | *** | *** | *** | * | * | DAILY AV | DAILY MX | (19) | 0 | 2/Mo | continuous | |
| EFFLUENT CONC. VALUE 00400 1 0 0 | SAMPLE MEASUREMENT PERMIT REQUIREMENT | * | * | *** | *** | *** | *** | * | * | 7.2 | *** | 7.5 | | DAILY GRAF | | |
| EFFLUENT CONC. VALUE 00400 1 0 0 | SAMPLE MEASUREMENT PERMIT REQUIREMENT | * | * | *** | *** | *** | *** | * | * | 5.8 | *** | 9.0 | | | | |
| EFFLUENT CONC. VALUE 00400 1 0 0 | SAMPLE MEASUREMENT PERMIT REQUIREMENT | * | * | *** | *** | *** | *** | * | * | MINIMUM | MAXIMUM | (19) | 0 | 2/Mo | comp | |
| EFFLUENT CONC. VALUE 00400 1 0 0 | SAMPLE MEASUREMENT PERMIT REQUIREMENT | * | * | *** | *** | *** | *** | * | * | < 4 | *** | 10 | (19) | 0 | ONCE/ MONTH | |
| EFFLUENT CONC. VALUE 00400 1 0 0 | SAMPLE MEASUREMENT PERMIT REQUIREMENT | * | * | *** | *** | *** | *** | * | * | DAILY AV | DAILY MX | (25) | 0 | 2/Mo | 24h | |
| EFFLUENT CONC. VALUE 00400 1 0 0 | SAMPLE MEASUREMENT PERMIT REQUIREMENT | * | * | *** | *** | *** | *** | * | * | 10 | *** | 0.0 | | | | |
| EFFLUENT CONC. VALUE 00400 1 0 0 | SAMPLE MEASUREMENT PERMIT REQUIREMENT | * | * | *** | *** | *** | *** | * | * | DAILY MX | MG/L | (19) | 0 | ONCE/ MONTH | | |
| EFFLUENT CONC. VALUE 00400 1 0 0 | SAMPLE MEASUREMENT PERMIT REQUIREMENT | * | * | *** | *** | *** | *** | * | * | 0.0 | | | | | | |
| EFFLUENT CONC. VALUE 00400 1 0 0 | SAMPLE MEASUREMENT PERMIT REQUIREMENT | * | * | *** | *** | *** | *** | * | * | DAILY MX | MG/L | (19) | 0 | ONCE/ MONTH | | |
| EFFLUENT CONC. VALUE 00400 1 0 0 | SAMPLE MEASUREMENT PERMIT REQUIREMENT | * | * | *** | *** | *** | *** | * | * | 0.1 | | | | | | |
| EFFLUENT CONC. VALUE 00400 1 0 0 | SAMPLE MEASUREMENT PERMIT REQUIREMENT | * | * | *** | *** | *** | *** | * | * | 5.2 | | | | | | |
| EFFLUENT CONC. VALUE 00400 1 0 0 | SAMPLE MEASUREMENT PERMIT REQUIREMENT | * | * | *** | *** | *** | *** | * | * | 10 | | | | | | |
| EFFLUENT CONC. VALUE TOTAL (AS 1) | SAMPLE MEASUREMENT PERMIT REQUIREMENT | * | * | *** | *** | *** | *** | * | * | DAILY MX | MG/L | (19) | 0 | ONCE/ MONTH | | |
| EFFLUENT CONC. VALUE TOTAL (AS 1) | SAMPLE MEASUREMENT PERMIT REQUIREMENT | * | * | *** | *** | *** | *** | * | * | 2 | | | | | | |
| EFFLUENT CONC. VALUE TOTAL (AS 1) | SAMPLE MEASUREMENT PERMIT REQUIREMENT | * | * | *** | *** | *** | *** | * | * | DAILY MX | MG/L | | | | | |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) | | | | | | | | | | | | TELEPHONE DATE | | | | |
| AMOUNTS OR CONCENTRATIONS OF RADIACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCI BUT NOT LIMITED TO USE OF OVER \$400.00 | | | | | | | | | | | | 631-344-3424 | | | | |
| | | | | | | | | | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | |
| | | | | | | | | | | | | AREA NUMBER | YEAR | MO | | |

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 36 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

George J. Malosh
Group Manager
TYPED OR PRINTED

Comments and explanations of any violations (Reference all attachments here)

See attached notes.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GEORGE MALOSH
ADDRESS: 200 E. 53RD ST., NEW YORK, NY 10022FACILITY LOCATION: NEW YORK HAZARDOUS NATIONAL LABORATORY
ATTN: George Malosh
TEL: (212) 544-4644
FAX: (212) 544-4644Form Approved.
OMB No. 2040-0004
Approval expires 05-31-99NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR) (17-19)1101 M (SUBR 01)
DISCHARGE NUMBER
F - FINAL

PROCESS SANIT & STORMWTR RNCFF

NOTE: Read Instructions before completing this form.

| PARAMETER (32-37) | MONITORING PERIOD | | | | QUANTITY OR CONCENTRATION (54-61) (38-45) | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLING LOCATION | |
|--|---|---------------|----------------|-----------------|---|-------------------|-------------------------------------|----------------------|----------|
| | YEAR (20-21) | MO (22-23) | DAY (24-25) | YEAR (26-27) | | | | | |
| DISCHARGE INITIAL (AS P) | SAMPLE MEASUREMENT | AVERAGE | MAXIMUM | MINIMUM | AVERAGE | 1.1 | 0 | 2/mo com | |
| DISCHARGE FINAL (AS P) | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | DAILY MX | ONCE/ MONTH | ONCE/ MONTH | |
| DISCHARGE TOTAL (AS LM) | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | DAILY MX | TWICE/GRADE | TWICE/GRADE | |
| DISCHARGE FINAL (AS LM) | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | DAILY MX | 10 | 2/mo gra | |
| DISCHARGE INITIAL (AS D) | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | DAILY MX | 100 | 100 | |
| DISCHARGE FINAL (AS D) | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | DAILY MX | 0.031 | 0 | 2/mo com |
| DISCHARGE INITIAL (AS P) | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | DAILY MX | 0.15 | ONCE/ MONTH | |
| DISCHARGE FINAL (AS P) | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | DAILY MX | 0.078 | 0 | 2/mo com |
| DISCHARGE INITIAL (AS P) | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | DAILY MX | 0.37 | ONCE/ MONTH | |
| DISCHARGE FINAL (AS P) | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | DAILY MX | <0.001 | 0 | 2/mo com |
| DISCHARGE INITIAL (AS P) | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | DAILY MX | 0.019 | ONCE/ MONTH | |
| DISCHARGE FINAL (AS P) | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | DAILY MX | 0.002 | 0 | 2/mo com |
| DISCHARGE INITIAL (AS P) | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | DAILY MX | 0.11 | ONCE/ MONTH | |
| DISCHARGE FINAL (AS P) | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | DAILY MX | 0.003 | 0 | 2/mo com |
| DISCHARGE INITIAL (AS P) | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | DAILY MX | 0.015 | ONCE/ MONTH | |
| DISCHARGE FINAL (AS P) | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | DAILY MX | | TELEPHONE | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 and 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.) | | | | | | | | DATE |
| George Malosh Group Manager | | | | | | | | | |
| TYPED OR PRINTED | | | | | | | | | |
| COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) | | | | | | | | | |
| MANUFACTURES OR CONCENTRATIONS OF POLLUTANTS IN ACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USEDE INCL | | | | | | | | | |

See Attached notes
See Attached notes
See Attached notes
See Attached notes
See Attached notes

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME 11 SONS OF
ADDRESS 200 KELLOGG NATIONAL LABORATORY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-70)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

13 BILL AVE, SUITE 404
FACILITY LOCATION: 200 KELLOGG NATIONAL LABORATORY
ATTN: GEORGE MALOSH, GROUP MANAGER

NY 11073
PERMIT NUMBER
N.Y.D.O.E. # 25

NY 11073
LOCATION: 200 KELLOGG NATIONAL LABORATORY
ATTN: GEORGE MALOSH, GROUP MANAGER

MAJOR
(SUBR 01)
F - FINAL

PROCESS SANIT & STORMWTR RUNOFF

**
**
**
**

NOTE: Read Instructions before completing this form.

| MONITORING PERIOD | | | | | | QUANTITY OR CONCENTRATION | | | SAMPLE TYPE | | | |
|--|---|---|--|--|--|--|---|--|--|---|--------------------|-----------------------------------|
| YEAR | | | MO | | DAY | MAXIMUM | | | EX | | | |
| FROM | | | TO | | TO | AVERAGE | | | FREQUENCY OF ANALYSIS | | | |
| (20-21) | (22-23) | (24-25) | (26-27) | (28-29) | (30-31) | (4 Card Only) (38-45) | (46-53) | (46-59) | (62-63) | (64-68) | (69-70) | |
| PARAMETER | (3 Card Only) QUANTITY OR LOADING (46-53) | | | MAXIMUM | UNITS | MINIMUM | AVG | MAX | UNITS | AVG | MAX | |
| INITIAL MEASUREMENT 5-DAY PERIOD SAMPLE PERCENT REMOVAL SAMPLE PERCENT REMOVAL SAMPLE PERCENT REMOVAL SAMPLE PERMIT REQUIREMENT | SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT | **** | **** | **** | **** | **** | <.1 <.1 <.1 <.1 <.1 <.1 <.1 <.1 <.1 <.1 <.1 <.1 <.1 <.1 <.1 <.1 <.1 <.1 <.1 | (23) 50 ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** | (23) 0 ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** | 2/mo TWICE/CRAB MONTH 1/mo ONCE/ CALCT MONTH 1/mo calct MONTH 1/mo calct MONTH 1/mo calct MONTH | Grab Ex JG/L | MAJOR (SUBR 01) F - FINAL |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER George J. Malosh Group Manager TYPED OR PRINTED | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE PENALTIES OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under those statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.) | Comments and Explanation of Any Violations (Reference all attachments here) MANUFACTURE CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USE OF INC NOT LIMITED TO USE OF GROUP 5400-5 COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) | TELEPHONE 631-344-3424 | DATE PAGE 1 OF | | | | | | | | |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT George J. Malosh | AREA NUMBER NUMBER | YEAR YEAR | MO MO | DAY DAY | | | | | | | | |

EMMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-76)

(17-79)

AME U S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
53 DELL AVF, BLDG 464

ACITY UPTON
LOCATION BROOKHAVEN NATIONAL LABORATORY
NY 11973
NY 11973
TIN: GEORGE MALUSH, GROUP MGR

| | |
|------------------|--------------|
| 00005835 | 002 B |
| DISCHARGE NUMBER | (SUBR 01) |
| PERMIT NUMBER | |

MONITORING PERIOD

RF(1004) COOLING TOWER BLOWDN

*** NO DISCHARGE **X** ***

NOTE: Read Instructions before completing this form.

| PARAMETER (3 Card Only) (46-53) | QUANTITY OR LOADING (54-61) | | | | | QUANTITY OR CONCENTRATION (4 Card Only) (38-45) | | | QUANTITY OR CONCENTRATION (46-53) | | |
|---------------------------------------|--------------------------------|----------|-----------|------------|----------|---|------------|----------|--------------------------------------|----------------------|---------------------------|
| | YEAR 99 | MO 10 | DAY 01 | YEAR 99 | MO 10 | DAY 31 | YEAR 99 | MO 10 | DAY 31 | YEAR 99 | MO 10 |
| SAMPLE MEASUREMENT | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | DAY | MAXIMUM | UNITS | (EX) | FREQUENCY (62-63) | SAMPLE TYPE (69-70) |
| PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | (12) | ANALYSIS (64-68) | |
| PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | (19) | ANALYSIS (64-68) | |
| SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | (15) | ANALYSIS (64-68) | |
| SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | (15) | ANALYSIS (64-68) | |
| DISCHARGE REPORT DAILY | (03) | ***** | MGD | ***** | ***** | DAILY | MG/L | ***** | ***** | ***** | |
| DISCHARGE REPORT DAILY | ***** | ***** | MGD | ***** | ***** | ***** | ***** | ***** | ***** | ***** | |
| SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | |
| PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | |
| SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | |
| PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | |
| SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | |
| PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | |
| SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | |
| PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | |
| SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | |
| PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | |

See note (3)

| | | | |
|---|---|-------------------------------|---------------------------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER George J. Malosh Group Manager | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 38 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.) | TELEPHONE 631-344-3424 | DATE See attached notes. |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Area Number Code | YEAR MO DAY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
DISCHARGE MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE ROADWAY THAT IS INSIDE RHIC RING. ONCE
DISCHARGE, MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE ROADWAY THAT IS INSIDE RHIC RING. ONCE
DISCHARGE, MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE ROADWAY THAT IS INSIDE RHIC RING. ONCE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME 500 E
 ADDRESS BROOKHAVEN NATIONAL LABORATORY
 53 BELL AVE., BLDG. 464
 UPTON
 FACILITY BROOKHAVEN NATIONAL LABORATORY
 LOCATION NY 11973
 ATTN: GEORGE MALOSH, Group MGR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

FEDERAL REGISTER
 OMB No. 2040-0004
 Approval expires 05-31-98

DISCHARGE MONITORING REPORT (DMR) (17-19)

NO. 2
 PERMIT NUMBER NY005A35
 (2-16)
 F - FINAL
 AGS NON-C COOLNG, PRCP, ETC (HN)

MONITORING PERIOD
 FROM 9/3 10/01 TO 9/9 10/31
 (20-21) (22-23) (26-27) (28-29) (30-31)

*** NO DISCHARGE
 NOTE: Read Instructions before completing this form.

| PARAMETER (32-37) | (3 Card Only) QUANTITY OR LOADING (46-53) | | | QUANTITY OR CONCENTRATION (4 Card Only) (46-53) | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-71) |
|--|--|-----------------------|------------------|---|------------------|------------------|-------------------|-------------------------------------|---------------------------|
| | YEAR (20-21) | MO (22-23) | DAY (24-25) | YEAR (26-27) | MO (28-29) | DAY (30-31) | | | |
| pH | SAMPLE MEASUREMENT | AVERAGE ***** | MAXIMUM ***** | UNITS ***** | MINIMUM ***** | AVERAGE ***** | MAXIMUM ***** | UNITS ***** | REPORT ***** |
| 00400 1 0 1 EFFLUENT GROSS VALUE OIL & GREASE | PERMIT REQUIREMENT | SAMPLE ***** | SAMPLE ***** | UNITS ***** | MINIMUM ***** | SAMPLE ***** | MAXIMUM ***** | UNITS ***** | REPORT ***** |
| 00556 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT | PERMIT REQUIREMENT | SAMPLE ***** | SAMPLE ***** | UNITS ***** | MINIMUM ***** | SAMPLE ***** | MAXIMUM ***** | UNITS ***** | REPORT ***** |
| 00050 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | SAMPLE ***** | SAMPLE ***** | UNITS ***** | MINIMUM ***** | SAMPLE ***** | MAXIMUM ***** | UNITS ***** | REPORT ***** |
| See note (2) | SAMPLE MEASUREMENT | PERMIT REQUIREMENT | SAMPLE ***** | SAMPLE ***** | SAMPLE ***** | SAMPLE ***** | SAMPLE ***** | SAMPLE ***** | SAMPLE ***** |
| | SAMPLE MEASUREMENT | PERMIT REQUIREMENT | SAMPLE ***** | SAMPLE ***** | SAMPLE ***** | SAMPLE ***** | SAMPLE ***** | SAMPLE ***** | SAMPLE ***** |
| | SAMPLE MEASUREMENT | PERMIT REQUIREMENT | SAMPLE ***** | SAMPLE ***** | SAMPLE ***** | SAMPLE ***** | SAMPLE ***** | SAMPLE ***** | SAMPLE ***** |
| | SAMPLE MEASUREMENT | PERMIT REQUIREMENT | SAMPLE ***** | SAMPLE ***** | SAMPLE ***** | SAMPLE ***** | SAMPLE ***** | SAMPLE ***** | SAMPLE ***** |
| | SAMPLE MEASUREMENT | PERMIT REQUIREMENT | SAMPLE ***** | SAMPLE ***** | SAMPLE ***** | SAMPLE ***** | SAMPLE ***** | SAMPLE ***** | SAMPLE ***** |
| | SAMPLE MEASUREMENT | PERMIT REQUIREMENT | SAMPLE ***** | SAMPLE ***** | SAMPLE ***** | SAMPLE ***** | SAMPLE ***** | SAMPLE ***** | SAMPLE ***** |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER George J. Malosh Group Manager | COMMENTS AND REQUIREMENTS SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS. SEE SAMPLING FOR THIS OUTFALL SHALL BE CONDUCTED AT A LOCATION DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES INTO THE COLD SPRINGS RIVER FROM THE STAR PAPER MILL. THE STAR PAPER MILL MAY NOT BE USED. | DATE 631-344-3424 |
|--|---|----------------------------------|
| TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) | TELEPHONE DATE | AREA NUMBER CODE YEAR MO D |

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

See attached notes.
 See attached notes.
 SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.
 SEE SAMPLING FOR THIS OUTFALL SHALL BE CONDUCTED AT A LOCATION DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES
INTO THE COLD SPRINGS RIVER FROM THE STAR PAPER MILL. THE STAR PAPER MILL MAY NOT BE USED.

SUBMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-76)Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98NAME U S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
CITY BROOKHAVEN
LOCATION UPTON NY 11973
TIN: GEORGE MALOSH, GROUP MGR53 BELL AVE, BLDG 444
NY 11973**HY0005R35**
PERMIT NUMBER**003 N**
DISCHARGE NUMBER**MAJOR**
C SUBR 01
F - FINAL
HFB & AGS NON-C COOL, ETC (HO)

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

*** NO DISCHARGE [] ***

NOTE: Read Instructions before completing this form.

(3 Card Only) QUANTITY OR LOADING
(54-61)
AVERAGEMONITORING PERIOD
YEAR MO DAY
FROM 99 10 01
(20-21) (22-23) (24-25)
TO 99 10 31
(26-27) (28-29) (30-31)QUANTITY OR CONCENTRATION
(4 Card Only)
(38-45)
MINIMUM
AVG
MAXIMUMREPORT

MINIMUM

See note (2)

)

See attached notes.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

| | | | | | |
|---|---|---|--------------|-----------|------|
| George J. Malosh Group Manager TYPED OR PRINTED | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.) | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | 631-344-3424 | TELEPHONE | DATE |
| NAME | NUMBER | AREA CODE | YEAR | MO | DAY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME U.S.D.C.
 ADDRESS BROOKHAVEN NATIONAL LABORATORY
 LOCATION 53 BELL AVE., BUILDING 464
 UPTON NY 11973
 ATTN: GEORGE MALUSH, GROUP MGR

NY0005835
 PERMIT NUMBER

MAJOR
 (SUBR 01)
 MRR NON-CONTACT COOLG WTR (HP)
 F - FINAL

MONITORING PERIOD

| | | | | | |
|------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 99 | 10 | 01 | 99 | 10 | 31 |

FROM (20-21) (22-23) (24-25)

TO (26-27) (28-29) (30-31)

NO DISCHARGE []

*** NO DISCHARGE []

NOTE: Read Instructions before completing this form.

MONITORING PERIOD

| | | | | | |
|------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 99 | 10 | 01 | 99 | 10 | 31 |

FROM (20-21) (22-23) (24-25)

TO (26-27) (28-29) (30-31)

QUANTITY OR CONCENTRATION (54-61)

[]

(4 Card Only) (46-53)

| | | | | |
|---------|---------|---------|---------|--------|
| AVERAGE | MAXIMUM | MINIMUM | MAXIMUM | UNITS |
| *** | ***** | 6.4 | 6.4 | (12) |

(3 Card Only) (54-61)

SAMPLE MEASUREMENT

| | | | | |
|--------------------|-------|-------|-------|-------|
| PERMIT REQUIREMENT | ***** | ***** | ***** | ***** |
| SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** |

(03)

| | | | | |
|----------|-------|-------|-------|-------|
| REPORT | ***** | ***** | ***** | ***** |
| DAILY MX | 0.099 | ***** | ***** | ***** |

MGD

| | | | | |
|--------------------|-------|-------|-------|-------|
| PERMIT REQUIREMENT | ***** | ***** | ***** | ***** |
| SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** |

(PERMIT REQUIREMENT)

| | | | | |
|--------------------|-------|-------|-------|-------|
| SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** |
| PERMIT REQUIREMENT | ***** | ***** | ***** | ***** |

(PERMIT REQUIREMENT)

| | | | | |
|--------------------|-------|-------|-------|-------|
| SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** |
| PERMIT REQUIREMENT | ***** | ***** | ***** | ***** |

(PERMIT REQUIREMENT)

| | | | | |
|--------------------|-------|-------|-------|-------|
| SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** |
| PERMIT REQUIREMENT | ***** | ***** | ***** | ***** |

(PERMIT REQUIREMENT)

| | | | | |
|--------------------|-------|-------|-------|-------|
| SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** |
| PERMIT REQUIREMENT | ***** | ***** | ***** | ***** |

(PERMIT REQUIREMENT)

| | | | | |
|--------------------|-------|-------|-------|-------|
| SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** |
| PERMIT REQUIREMENT | ***** | ***** | ***** | ***** |

(PERMIT REQUIREMENT)

| | | | | |
|--------------------|-------|-------|-------|-------|
| SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** |
| PERMIT REQUIREMENT | ***** | ***** | ***** | ***** |

(PERMIT REQUIREMENT)

| | | | | |
|--------------------|-------|-------|-------|-------|
| SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** |
| PERMIT REQUIREMENT | ***** | ***** | ***** | ***** |

(PERMIT REQUIREMENT)

| | | | | |
|--------------------|-------|-------|-------|-------|
| SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** |
| PERMIT REQUIREMENT | ***** | ***** | ***** | ***** |

(PERMIT REQUIREMENT)

| | | | | |
|--------------------|-------|-------|-------|-------|
| SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** |
| PERMIT REQUIREMENT | ***** | ***** | ***** | ***** |

(PERMIT REQUIREMENT)

| | | | | |
|--------------------|-------|-------|-------|-------|
| SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** |
| PERMIT REQUIREMENT | ***** | ***** | ***** | ***** |

(PERMIT REQUIREMENT)

| | | | | |
|--------------------|-------|-------|-------|-------|
| SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** |
| PERMIT REQUIREMENT | ***** | ***** | ***** | ***** |

(PERMIT REQUIREMENT)

| | | | | |
|--------------------|-------|-------|-------|-------|
| SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** |
| PERMIT REQUIREMENT | ***** | ***** | ***** | ***** |

(PERMIT REQUIREMENT)

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

| | | |
|--------|-------------------------------|---------------------|
| NO. EX | FREQUENCY OF ANALYSIS (62-63) | SAMPLE TYPE (69-70) |
| 0 | 1/Mo | Grab |

ONE/ GRAB MONTH

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA NUMBER CODE

YEAR

MO

DAY

TELEPHONE DATE

631-344-3424

See attached notes.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME U S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
LOCATION NY 11973
ATTN: GEORGE MALOSH, GROUP MGR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-77g)

| |
|---------------|
| NYC005835 |
| PERMIT NUMBER |

MAJOR
(SUBR 01)
F - FINAL
NSLS COOLING TOWER BLDN ETC(HS)

*** NO DISCHARGE | | ***
NOTE: Read Instructions before completing this form.

| PARAMETER (32-37) | MONITORING PERIOD | | | QUANTITY OR CONCENTRATION (4 Card Only) (46-53) | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|---|--------------------------------|--------------------------------|----------------------|--|---------------------|----------------------|-------------------|-------------------------------------|------------------------|
| | YEAR 99 (20-21) | MO 10 (22-23) | DAY 01 (24-25) | YEAR 99 (26-27) | MO 10 (28-29) | DAY 31 (30-31) | | | |
| PH | AVERAGE ***** | MAXIMUM ***** | UNITS ***** | MINIMUM ***** | AVERAGE ***** | MAXIMUM ***** | 12 | 0 | Grab |
| 00400 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT ***** | PERMIT REQUIREMENT ***** | REPORT ***** | ***** | ***** | ***** | 19 | 0 | ONCE/ GRAB MONTH |
| OIL & GREASE | SAMPLE MEASUREMENT ***** | PERMIT REQUIREMENT ***** | REPORT ***** | ***** | ***** | ***** | 15 | 0 | ONCE/ GRAB MONTH |
| 00556 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT ***** | PERMIT REQUIREMENT ***** | REPORT ***** | ***** | ***** | ***** | 15 | 0 | DAILY MG/L |
| FLOW IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT ***** | 0.17 | REPORT ***** | ***** | ***** | ***** | ***** | 0 | 1/Mo Recorder |
| SO450 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT ***** | PERMIT REQUIREMENT ***** | DAILY MG ***** | ***** | ***** | ***** | ***** | 0 | ONCE/ RECORDR MONTH |
| See note (2) | | | | | | | | | |
| SAMPLE MEASUREMENT | PERMIT REQUIREMENT | | | | | | | | |
| SAMPLE MEASUREMENT | PERMIT REQUIREMENT | | | | | | | | |
| SAMPLE MEASUREMENT | PERMIT REQUIREMENT | | | | | | | | |
| SAMPLE MEASUREMENT | PERMIT REQUIREMENT | | | | | | | | |
| SAMPLE MEASUREMENT | PERMIT REQUIREMENT | | | | | | | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | | | | | | | |
| George J. Malosh Group Manager | | | | | | | | | |
| TYPED OR PRINTED | | | | | | | | | |
| TELEPHONE DATE | | | | | | | | | |
| 631-344-3424 | | | | | | | | | |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | | | | | | |
| AREA NUMBER | | | | | | | | | |
| CODE | | | | | | | | | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

See attached notes.

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

PERMITTING NAME/ADDRESS (Include Facility No., eLocation if Different)
NAME U S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON
ATTN: GEORGE MALOSH, GROUP MGR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
(2/16) DISCHARGE MONITORING REPORT (DMR) (17-9)

U.S. EPA APPROVED
OMB No. 2040-0004
Approval expires 05-31-98

NY 11973
BLOCS 464
55 WELL AVE
ACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON
ATTN: GEORGE MALOSH, GROUP MGR

| | | | | |
|---------------|-----------|------------------|-----------|--------------------------------|
| PERMIT NUMBER | NY0056335 | DISCHARGE NUMBER | 007 | WATER TREATMENT PLT BKWSH (HX) |
| | | | F - FINAL | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

| | | | | |
|---|---|--------------|-----------|-------------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER George J. Malosh Group Manager | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.) | | TELEPHONE | DATE |
| | 631-344-3424 | | | |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | YEAR MO DAY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES TO BE COLLECTED AT EFFLUENT PIPE TO WHICHEVER BASIN IS IN OPERATION AT THE TIME. STANDING WATER IN EITHER BASIN SHALL NOT BE COLLECTED FOR DMR SAMPLING PURPOSES.

IF PERMIT FORM 3320-1 (08-95) PREVIOUS EDITIONS COMMENT ~~REPLACES EPA FORM 146 WHICH MAY NOT BE USED.~~

PAGE **1** OF **1**

See attached notes.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME U S D O E
 ADDRESS BROOKHAVEN NATIONAL LABORATORY
 53 BELL AVE, BLDG 46A
 UPTON
 FACILITY LOCATION NY 11973
 ATTN: GEORGE WALUSH, GROUP MGR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

(DRAFT) (2-16)

DISCHARGE MONITORING REPORT (DMR)

(17-19)

Form Approved.
 OMB No. 2040-0004
 Approval expires 05-31-98

FACILITY LOCATION NY 11973

ATTN: GEORGE WALUSH, GROUP MGR

PERMIT NUMBER 00005835

PERMIT NUMBER

DISCHARGE NUMBER

00005835

MONITORING PERIOD

YEAR FROM 99 TO 99

MONTH 10

DAY 01

YEAR 31

MONTH 10

DAY 31

(20-21) (22-29) (24-25) (26-27) (28-29) (30-31)

STORMWTR RUNOFF WAREHOUSE (HW)

MAJOR (SUBR 01)

F - FINAL

NOTE: Read Instructions before completing this form.

| PARAMETER (32-37) | (3 Card Only) QUANTITY OR LOADING (46-53) | | (4 Card Only) QUANTITY OR CONCENTRATION (46-53) | | UNITS | NO. OF EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|---|---|-------------------------|--|---------------------------|-------------------------|-------------------------|----------------------------------|-------------------------|
| | AVERAGE (54-61) | MAXIMUM (54-61) | MINIMUM (38-45) | AVERAGE (46-53) | | | | |
| FLOW RATE See note(4) 00015 EFFLUENT GROSS VALUE PH | SAMPLE MEASUREMENT PERMIT REQUIREMENT | 495 (07) | 495 ***** ***** ***** | REPORT DAILY MX SPD | ***** ***** ***** | ***** ***** ***** | ***** ***** ***** | ***** ***** ***** |
| 00400 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE | SAMPLE MEASUREMENT PERMIT REQUIREMENT | ***** ***** ***** | ***** ***** ***** | REPORT ***** | 7.7 ***** | 7.7 ***** | (12) | 0 1/MO Grab |
| 00556 1 0 0 EFFLUENT GROSS VALUE 1,1-DICHLOROETHYLENE | SAMPLE MEASUREMENT PERMIT REQUIREMENT | ***** ***** ***** | ***** ***** ***** | REPORT ***** | ***** ***** | ***** ***** | (19) | 0 1/MO Grab |
| 34501 1 6 0 EFFLUENT GROSS VALUE 1,1,1-TRICHLORO- ETHANE | SAMPLE MEASUREMENT PERMIT REQUIREMENT | ***** ***** ***** | ***** ***** ***** | REPORT ***** | ***** ***** | ***** ***** | (28) | 0 1/MO Grab |
| 34506 1 0 0 EFFLUENT GROSS VALUE TYPED OR PRINTED | SAMPLE MEASUREMENT PERMIT REQUIREMENT | ***** ***** ***** | ***** ***** ***** | REPORT ***** | ***** ***** | ***** ***** | (28) | 0 1/MO Grab |
| | COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

George J. Malosh
 Group Manager

TYPED OR PRINTED

TELEPHONE

DATE

631-344-3424

AREA NUMBER
 CODE

YEAR
 MO

DAY

SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

See attached notes.

PARAMETERS EXCEPT FOR FLOW TO BE SAMPLED MONTHLY DURING A STORM EVENT. (IF NO DISCHARGE, ENTER AN "X" IN THE "NO DISCHARGE" BOX AT THE UPPER RIGHT) SEE PERMIT FOR ADDITIONAL NOTES

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME J. S. D. O. E.

ADDRESS BROOKHAVEN NATIONAL LABORATORY

53 BELL AVE., BLDG 464

LOCATION UPTON

NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

PERMIT NUMBER

NY 0105835

DISCHARGE NUMBER

06A-M

(SUBR 01)

F - FINAL

*** NOTE: Read Instructions before completing this form.

MAJOR

LINAC NCNW, FLOOR DNS, ETC (HT1)

MONITORING PERIOD

*** ND DISCHARGE 1-1 ***

NO. OF ANALYSIS (64-68)

UNITS (62-63)

FREQUENCY (69-71)

TYPE

SAMP

TYP

See attached notes.

MONITORING PERIOD

YEAR (22-23)

MO (24-25)

DAY (28-29)

FROM (22-23)

TO (24-25)

YEAR (30-31)

MO (32-33)

DAY (38-45)

QUANTITY OR LOADING (4 Card Only) (34-53)

AVERAGE (34-61)

MAXIMUM

UNITS

MINIMUM

AVG

MAX

M

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K

J

I

H

See attached notes.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND

AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY

INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE

INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE,

ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT

PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE

POSSIBILITY OF FINE AND IMPRISONMENT. SEE 16 U.S.C. § 1001 AND 33 U.S.C.

§ 1319. (Penalties under these statutes may include fines up to \$10,000 and/or

maximum imprisonment of between 6 months and 5 years.)

George J. Malosh

Group Manager

TYPED OR PRINTED

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

Comments and Requirements

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

DATE

TELEPHONE

AREA NUMBER

CODE

YEAR

MO

DA

NAME U S D O E
ADDRESS 53 BELL AVE, BLDG 464
OPTIONFACILITY 3ROOKHAVEN NATIONAL LABORATORY
NY 11973
LOCATION UPTON

ATTN: GEORGE MALKISH, GROUP MGR

| PARAMETER (32-37) | (3 Card Only) QUANTITY OR LOADING (46-53) | | | MONITORING PERIOD (4 Card Only) (38-45) | | | | | QUANTITY OR CONCENTRATION (54-61) (46-53) | | |
|----------------------|--|---------------------|----------------------|---|---------------------|----------------------|--------------------------|---------------------------|---|-------------------------|-------------------------|
| | YEAR 99 (20-21) | MO 10 (22-23) | DAY 01 (24-25) | YEAR 99 (28-29) | MO 10 (30-31) | DAY 31 (36-37) | MINIMUM 7.2 REPORT | AVERAGE ***** ***** | MAXIMUM ***** | UNITS ***** ***** | UNITS ***** ***** |

(17-19)

DISCHARGE NUMBER

063 M
DISCHARGE NUMBER
PERMIT NUMBER063 M
DISCHARGE NUMBER
PERMIT NUMBERMAJOR
(SUBR 01)

F - FINAL

NOTE: Read Instructions before completing this form.

*** NO DISCHARGE ***

COOLING TOWER FROM 919 ETC(HIT 2)

(DMR)

(17-19)

NOTE: Read Instructions before completing this form.

See note (2)

MEASUREMENT

PERMIT-
REQUIREMENT

SAMPLE

MEASUREMENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here.)

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

)

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

See attached notes.